

JUN 3 0 2004

K041569

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510(k) SUMMARY

CureLight's Clear100

CureLight Ltd.
2 Ha'ilan Street
Northern Industrial Zone, POB 247
Or Akiva 30600, Israel.

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Contact Person: Dr. Yoram Harth

Date Prepared: May 18th, 2004

Name of Device and Name/Address of Sponsor

Clear100™ Phototherapy Device, Model FGCM0002

CureLight Ltd.
2 Ha'ilan Street
Northern Industrial Zone, POB 247
Or Akiva 30600, Israel

Common or Usual Name

Light Therapy Device

Classification Name

Laser Surgical Instrument for Use in General and Plastic Surgery and in
Dermatology

Predicate Devices

CureLight Ltd.'s ReClear™

Intended Use

The Clear100™ Phototherapy System ("Clear100™") is intended to provide phototherapeutic light to the body. The Clear100™ is indicated to emit visible blue/violet light to treat moderate inflammatory acne vulgaris and infrared light energy for the temporary increase in local blood circulation, temporary relief of minor muscle and joint aches, pains and stiffness and relaxation of muscles; for muscle spasms, minor pain and stiffness associated with arthritis.

Technological Characteristics

The Clear100™ Therapy System is a high intensity lamp emitting visible light in the violet-blue range (405 nm to 420 nm) and in the near infrared range (850-890nm) with a fluency of light ranging between 50-200 mW/cm². The system includes a spectral band light source with spectral emittance concentrated in the violet/blue spectral band and near infrared range with an optical system for controlling spectra and beam parameters of the light source. It also includes a mechanical fixture for holding the light source at an adjustable distance and direction related to the skin treatment area, and a timer unit to indicate the duration of light treatment.

Substantial Equivalence

The Clear100™ has the same intended use and indications for use and very similar technological characteristics as the CureLight ReClear. The minor technological differences between these devices, *i.e.*, the number of lamps they contain and the type of timer, do not raise any new questions of safety or effectiveness. Thus, Clear100™ is substantially equivalent to its predicate device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

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CureLight Ltd.
c/o Mr. Jonathan S. Kahan
Hogan & Hartson L.L.P.
555 Thirteenth Street, N.W.
Washington, D.C. 20004-1109

Re: K041569

Trade/Device Name: Clear 100™ Phototherapy System
Regulation Number: 21 CFR 878.4810, 21 CFR 890.5500
Regulation Name: Laser surgical instrument for use in general and
plastic surgery and in dermatology; Infrared lamp
Regulatory Class: II
Product Code: GEX, ILY
Dated: June 10, 2004
Received: June 10, 2004

Dear Mr. Kahan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Mr. Jonathan S. Kahan

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

for Miriam C. Provost

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use Form

510(k) Number: K041569

Device Name: Clear100™ Phototherapy System

Indications for Use:

The Clear100™ Phototherapy System ("Clear100™") is intended to provide phototherapeutic light to the body. The Clear100™ is indicated to emit visible blue/violet light to treat moderate inflammatory acne vulgaris and infrared light energy for the temporary increase in local blood circulation, temporary relief of minor muscle and joint aches, pains and stiffness and relaxation of muscles; for muscle spasms, minor pain and stiffness associated with arthritis.

Prescription Use √
(Per 21 C.F.R. 801.109)

OR

Over-The-Counter Use

(PLEASE DO NOT WRITE BELOW THIS LINE -- CONTINUE ON ANOTHER
PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Optional Format 2003)

Miriam C. Provant
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

510(k) Number K041569